NW SuppoRTT FAQs for GPs

More information can be found on www.nwpgmd.nhs.uk/supported-return-to-training

Questions:

Please click on the question to be taken to the answer.

Answers:

1. **What is SuppoRTT?**

   Supported Return to Training or SuppoRTT is a structured and systematic process for planned exit and re-entry to training and maintaining contact whilst on leave. It is part of a National, funded NHS England (NHSE) programme to support all trainees to return to training safely and confidently after a sustained period of absence.

2. **What does RTT stand for?**

   Return to training.

3. **What does OOP mean?**

   Out of programme.

4. **What does TOOT stand for?**

   Time out of training.

5. **What reason might a GPST be OOP?**

Positive	parental leave (majority), OOP(C), OOP(E), OOP(P), OOP(R)
Negative	bereavement, long term sickness, discipline, investigation
Planned	surgery, parental leave, OOP(C), OOP(E), OOP(P), OOP(R)
Unplanned	long term sickness, Carers leave, GMC issue, discipline

   See https://www.nwpgmd.nhs.uk/time-out-programme for explanation of above categories.

6. **Why is it important to follow the SuppoRTT process?**

   - The forms guide/prompt discussion.
   - Standardise as far as possible/fairness.
   - Not specialty specific.
   - Form completion/process undertaking informs the SuppoRTT team.
   - We are not always aware of absences!
   - May raise funding awareness!

7. **Who should have a supported return to training?**

   - Any GPST who has been OOP for 3/12 or more.
   - Evidence shows that the reason for OOP is NOT protective and there is robust evidence that time out of training affects technical skills, competence, and confidence.
   - Patient safety and GPST safety are paramount.

8. **What about Academic trainees (ACFs)?**

- The potential impact of OOP on knowledge, skills and confidence applies to any trainee irrespective of whether standard or academic.
- Any trainee who has been OOP for 3/12 or more should undertake the RTT process.
- Evidence shows that the reason for OOP is NOT protective.

9. **What about GPSTs who are less than full-time (LTFT)?**

- LTFT trainees should have the equivalent level of SuppoRTT as full-time trainees.

For example, a full-time trainee, who has been OOP for 12/12, would generally have 4/52 of individualised supported training.

An LTFT trainee working at 50% would, therefore, require 8/52 of a tailored SuppoRTT plan.

10. **What about international medical graduates (IMGs)?**

- Once an IMG has commenced GPST training the same RTT principles apply.
- Currently, the process for recruiting IMGs who are OOP for GPST training and how the principles of RTT should apply are being addressed at a National and Deanery level. Updates shall be provided once the situation is elucidated.

11. **How can I learn more about the SuppoRTT process?**

- A presentation from Dr Alison Gale, NHSE NW Associate Dean for SuppoRTT, and an e-learning module can be found on the [Trainee Resources page](#).
- Educators can access an Educator Factsheet to support the process as well as an e-learning module on the [Educator Resources page](#).
- Detailed guidance about the SuppoRTT process in the North West can be found on the [SuppoRTT Guidance, Process and Forms pages](#).

12. **How useful is SuppoRTT?**

- This is evidence-based on the priorities identified by trainees and trainers.
- We have robust evidence from the GMC that TOOT affects technical skills, competence and confidence and that targeted support helps.
- On the [GP Trainee Resources](#) page of the website there is a video of current GPSTs giving first-hand accounts of their experiences of the SuppoRTT programme.

13. What meetings are required for the SuppoRTT process?

Pre-Absence:
- This should take place 8-12 weeks prior to your exit from the training programme whenever possible.
- This should lay out plans for your return and set a tentative return date.
- Share information about courses and ways of keeping up to date while away.
- Help to understand KIT/SPLIT/RTT days.
- Ensure up-to-date contact details are available to keep in touch with you while you're away from your usual workplace.

Pre-Return:
- This should take place 8-12 weeks prior to your return into training.
- This should include an up-to-date health assessment (if required).
- This should include agreement on the anticipated period of return and/or enhanced supervision (anticipated as usually 1 week per every 3 months off; usual max 4/52 unless exceptional circumstances when 6/52).
- Confirmation of LTFT or FT status planned on return to training (RTT).
- Should list mandatory requirements e.g. resuscitation and safeguarding.
- The clinical activities of the enhanced supervision period (e.g. ward work, surgery/outpatient work, home visits, emergency work, out of hours work etc.)
- The assessment methods for the enhanced supervision period (e.g. supervised learning events (SLEs), direct observations, CBD/COTs, simulation scenarios, senior team feedback, peer feedback etc.)

Post-Return:
- This should take place 2 weeks after your return to training or at the end of your agreed period of Enhanced Supervision, if longer.
- Mutual agreement about whether you are ready to "restart the clock" on training and commence usual duties.
- Discuss any ongoing learning needs you might have.

14. Where can I find the relevant SuppoRTT meeting forms?

On the relevant page of the process: https://nwpgmd.nhs.uk/supportt-process

15. Who should undertake SuppoRTT meetings with GPSTs?

- This varies from patch to patch in the North West.
- We recommend that training programme directors (TPDs) meet with GPSTs as they are likely to know them/be more experienced/familiar with the process/have more contact/relationships with secondary care clinical supervisors and Trust SuppoRTT Champions.
- Education supervisors (ES) can undertake these meetings for the GPSTs they supervise as they should know them well. However, an ES is likely to undertake such meetings infrequently, and, consequently, may be less experienced/skilled in making appropriate recommendations.

16. What is the difference between a phased return to training and a supported return to training?

- A phased return is one where the GPST gradually increases their training/work commitment.
- For example, they may return one day a week for one week, two days for the second week, three days for the third until they reach their LTFT working week of 60%.
- A supported return is a period (usually 1/52 per 3/12 OOP) where a plan of support is put into place that allows the GPST to safely and confidently return to training.
- A phased return can be part of a supported return, but this usually involves the GPST in using annual leave to "pay back" for the days when not training/working.

17. What courses should be considered as part of an individualised SuppoRTT plan?

- Depends on knowledge/skills/confidence level of the GPST.
- Previous experience and in which posts.
- Post being returned to +/- any previous experience in this speciality.
- Courses that may address gaps in knowledge/skills/confidence levels.

If returning to GP post, consider:
  - an annual GP Update
  - hot topics course
  - GP Urgent care course
  - diabetes in primary care course
  - teleconsulting course
  - Covid-19 update

- If returning to an O&G post, consider a Womens' Health update course.
- If returning to Paediatrics, consider a GP focused paediatric update course.
- If returning to Psychiatry, consider a mental health update course.

18. Which courses can GPSTs undertake as part of the SuppoRTT process?

- [There is a list of pre-approved courses, available here](). The list is periodically updated, and educators should be familiar with it.
- As RTT plans should be individual, other core GP specific courses can be approved if thought to be relevant by the educator undertaking the pre-return RTT meeting.

19. What is NB Plus?

- NB Plus is a subscription for online learning from NB Medical Education. [More information can be found here]().
- This enables GPSTs to have access to the **full complement of courses** that NB Medical provide for a period of **twelve months** at a time convenient to them.

- It includes live or pre-recorded courses in:
    - Hot Topics GP Update
    - Safeguarding and Child Protection
    - Basic Life Support
    - Diabetes
    - Cancer
    - Women's health
    - Urgent Care
    - Mental Health
    - and many more!
- You will also get access to the new Hot Topics Takeout Podcast, Hot Topics Clinic, a hard copy course reference book of your choice and an exclusive book offer.
- Subscriptions will need to be purchased directly from NB Medical, but reimbursement can be requested via the RTT-A process.
- Courses are available from other providers.

20. What is Red Whale Unlimited?

- Red Whale Unlimited is a subscription for 12 months unlimited access to ALL Red Whale online learning. More information can be found here.
- This package includes full and half day live and pre-recorded courses in:
    - GP Update
    - Safeguarding
    - Basic Life Support
    - Type 2 Diabetes Demystified
    - Cancer
    - Women's Health
    - Urgent & on-the-day Primary Care
    - Mental Health
    - and many more!
- You will also get access to 900+ online articles on Red Whale Knowledge for further learning and to help you answer questions in consultations.
- Subscriptions will need to be purchased directly from Red Whale, but reimbursement can be requested via the RTT-A process.
- Courses are available from other providers.

21. How do trainees apply for KIT / SPLIT and SRTT days and funding?

- Information about the different type of day is available here: https://nwpgmd.nhs.uk/supportt-days.
- Trainees can apply for KIT / SPLIT and SRTT days and any associated expenses (e.g. course fee, travel and accommodation etc.) via the RTT-A (return to training activities) application form: https://nwpgmd.nhs.uk/supportt-activities.
- The NW SuppoRTT team will manage the application process.
- Salary and annual leave will be managed as normal by the Lead Employer.
- RTT-A expenses will be paid directly to the trainee's bank account.

22. What assessments should be undertaken as part of an individualised SuppoRTT plan?

- Depending on what is thought to need assessing, consider CBDs/CATs/COTs/mini-CEXs. Usually, only 2 formal assessments are required in a 4-week period of supported return. More can be undertaken if required.
- The mix of assessments may vary and will also depend on the stage the GPST is at and whether returning to a secondary care department or to a GPST2/3 post.
- Assessments do NOT count towards mandatory requirements and are undertaken to contribute to the evidence to assess progress during the return-to-training period.
- An informal educator note by the clinical/educational supervisor can further inform progress.

23. What actions should be taken following the SuppoRTT meetings?

- **Pre-Absence:**
  A copy of the form should be **uploaded to the trainee's portfolio** and shared with:
    - The Educational Supervisor
    - The current Clinical Supervisor
    - Lead employer lead.employer@sthk.nhs.uk
    - The TPD (if they are not undertaking the meeting)
    - The GP School team to update the portfolio on england.gptraining.nw@nhs.net
    - The local programme administrator
    - The local Trust SuppoRTT Champion if secondary care
    - The GP School SuppoRTT Champion
    - The Head of School Alison.Caldwell4@nhs.net

- **Pre-Return:**
  A copy of the form should be **uploaded to the trainee's portfolio** and shared with:

    - The Educational Supervisor
    - The Clinical Supervisor in the returning post
    - Lead employer lead.employer@sthk.nhs.uk
    - The TPD (if they are not undertaking the meeting)
    - The GP School team to update the portfolio on england.gptraining.nw@nhs.net
    - The local programme administrator
    - The local Trust SuppoRTT champion if next post in secondary care
    - The GP School SuppoRTT Champion
    - The Head of School Alison.Caldwell4@nhs.net

- **Post- Return:**
  A copy of the form should be **uploaded to the trainee's portfolio** and shared with:
    - The Education supervisor
    - The current clinical supervisor
    - The GPST who should upload a copy onto their portfolio
    - The TPD (if they are not undertaking the meeting)
    - The GP School team to update the portfolio on england.gptraining.nw@nhs.net
    - The local programme administrator
    - The GP School SuppoRTT Champion
    - The local Trust SuppoRTT champion if secondary care

If there are any concerns these should be shared with:
- Lead Employer lead.employer@sthk.nhs.uk
- The Head of School Alison.Caldwell4@nhs.net

24. Why should GPSTs upload SuppoRTT forms to their e-portfolio?

- As a record of their discussions and any agreed plans which can then be shared consistently to all parties involved in the SuppoRTT process.
- To ensure trainees receive the bespoke support that they need for their return to training.
- Inform them of activities at a time where it is relevant such RTT meetings.
- Monitor how the SuppoRTT programme is performing generally.
- As a record of engagement in the SuppoRTT programme.